FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8) L56863 ANABAR ENTERPRISES, INC. Principal Place of Business Mailing Address 300 WEST 22 ST. 300 WEST 22 ST. HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0248599 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ₿1 Name MORA, JOSE 300 WEST 22 ST. Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required whon reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE D 1.1 TITLE NAME MORA, JOSE 1.2 NAME 300 WEST 22 ST. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ... Addition DELETE 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP